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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Cathlyn G. Wright

(Depositor's name)

*Cathlyn D. Wright*

(Signature)

20 Oct 2008  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/769,971	02/02/2004	Benny Madsen	11602.00.0012	9127

TITLE OF INVENTION: **METHOD AND APPRATUS FOR GENERATING REFERENCE TRANSMISSION SIGNAL  
FOR USE IN TESTING COMMUNICATIONS RECEIVERS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$720	10/24/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
Britt, Cynthia H.	2117	714-712000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 VEDDER PRICE P.C. 2 _____ 3 _____
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LitePoint Corp.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Sunnyvale, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0259.

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Authorized Signature, Mark A. Dalla Valle

Date Oct. 20, 2008

Typed or printed name Mark A. Dalla Valle

Registration No. 34,147

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